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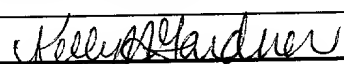
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UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</small>	Attorney Docket No.	A-7010
	First Inventor or Application No.	RODRIGUEZ ET AL.
	Title	SYSTEM AND METHOD FOR ACCESS AND PLACEMENT OF MEDIA CONTENT INFORMATION ITEMS ON A SCREEN DISPLAY WITH A REMOTE CONTROL DEVICE
	Express Mail Label No.	EL745333081US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>30</u>] 3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>14</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231 ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: 16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group Art Unit:																
17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below <table border="1"> <tr> <td>Name</td> <td colspan="3">05642</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>PATENT TRADEMARK OFFICE</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>		Name	05642			Address				City	PATENT TRADEMARK OFFICE	Zip Code		Country	Telephone	Fax	
Name	05642																
Address																	
City	PATENT TRADEMARK OFFICE	Zip Code															
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Name (Print/type)	KELLY A. GARDNER	Registration No. (Attorney/Agent)	35,147
Signature		Date	JUNE 14, 2001

Docket No.: A-7010

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ ET AL.
DOCKET NO.: A-7010
TITLE: SYSTEM AND METHOD FOR ACCESS AND PLACEMENT OF
MEDIA CONTENT INFORMATION ITEMS ON A SCREEN
DISPLAY WITH A REMOTE CONTROL DEVICE

JUNE 14, 2001

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

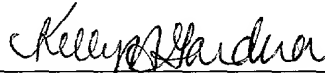
	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 80.00	\$000.00
Total Claims	44	20	24	\$ 18.00	\$432.00
Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$1,142.00

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SEND CORRESPONDENCE TO:

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Lawrenceville GA 30044

By:


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Marcia Burdick

Docket No.: A-7010